

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT VITO FOSSELLA

A.

Full Name (Last, First, Middle Initial)

Dr. Darshan Shah

Mailing Address 238 Brookville Road

City State Zip Code
 Glen Head NY 11545

Purpose of Disbursement

Refunds of Contributions

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 6631

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Mufeed Siad

Mailing Address 10 Utopia Ct

City State Zip Code
 Staten Island NY 10304

Purpose of Disbursement

Refunds of Contributions

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 6618

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Michael P. Sullivan

Mailing Address 2 Carri Farm Ct

City State Zip Code
 Scotch Plains NJ 07076

Purpose of Disbursement

Refunds of Contributions

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 6615

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6900.00

TOTAL This Period (last page this line number only)